

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

R.I. DEFT. OF STATE SUPSYON DIV

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1 Cally ID March an	To 5					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000883766	AIL S	Star 1	LC			
3. NAICS Code			acter of business condi	ucted in Rho	de Island	
44-45						
5. State of Formation		mania	m ot			
RI	Convenience Store					
6. Principal Office Address			City		State	Zip
7780 POST RD.			N. Kings	town	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Kwwast Samra			Contact Title Member			
Street Address Post Ro.			W. Kings	town	State	Zip 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Umesh Bratia			Manager Name Kudupont Sanca			
Street Address 7780 POST RD			Street Address 242 Lopex St			
N. Kingstown	State	^{Zip} 02852	Southing	aten	State	Zip CVLIZO
Manager Name Kawimlar Sana			Manager Name			
Street Address 1522 Pheasant Run			Street Address			
Watertown	State NX	Zip 13601	City		State	Zip
				Ched	k the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person Date						
Umesh Bratia 10/19/16						116
Signature of Authorized Person SIGN DODLVENTHERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:39 FILED
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